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Ohio Campaign Finance Report

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Prescribed by Secretary of State 3/05

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee THE COMMITTEE TO ELECT DORRIS FOR JUDGE						Registration Number, if PAC					
Full Name of Candidate TOMI LYNN DORRIS											
Street Address P. O. BOX 14367 / 400 S. FIFTH ST. SUITE 303						Office Sought COMMON PLEAS JUDGE			District		
City COLUMBUS, OHIO 43214 / COLUMBUS, OHIO 43215						State O H		Zip Code 43214 / 43215			
Type of Report (place X to the left of report type)	XX	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year	
		July		August		September				Semiannual	
		Monthly		Monthly		Monthly		Termination			
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		M	D	Y			
						1	1	0	7	0	6

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 0.00
2. Total monetary contributions (From Form No. 31-A)	\$ 4,386.25
3. Total other income (From Form No. 31-A-2)	\$ 0.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 4,386.25
5. Total monetary expenditures (From Form No. 31-B)	\$ 1,680.93
6. Balance on hand (line 4 minus line 5)	\$ 2,705.32
7. Value of in-kind contributions received (From Form No. 31-1-1)	\$ 40.00
8. Value of in-kind contributions made (From Form No. 31-1-2)	\$ 0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 0.00
10. Outstanding debts owed by committee (From Form No. 31-D)	\$ 0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$ 0.00
12. Value of independent expenditures made (From Form No. 31-L)	\$ 0.00
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER
COMMITTS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE
GEORGE W. FRANEY, TREASURER

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

04/14/06

Date

Contribution
pages 14

Expenditure
pages 3

Other
pages 1

Total
pages 18

ET 1-1-07

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full THE COMMITTEE TO ELECT DORRIS FOR JUDGE							
Full Name of Contributor TOM DORRIS					Registration Number, if PAC		
Street Address 320 W. PARK DRIVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City GREENVILLE	State O H	Zip Code 45331	M 0 1	D 2 2	Y 0 6	Amount 100.00	
Full Name of Contributor MARTHA DORRIS					Registration Number, if PAC		
Street Address 320 W. PARK DRIVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City GREENVILLE	State O H	Zip Code 45331	M 0 1	D 2 2	Y 0 6	Amount 100.00	
Full Name of Contributor MICHAEL J. POCOCK					Registration Number, if PAC		
Street Address P. O. BOX 141202		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK #101		
City COLUMBUS	State O H	Zip Code 43214	M 0 1	D 2 8	Y 0 6	Amount 100.00	
Full Name of Contributor JOHN BEHLING					Registration Number, if PAC		
Street Address 163 CHARLSTON AVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK #2883		
City COLUMBUS	State O H	Zip Code 43214	M 0 3	D 0 4	Y 0 6	Amount 50.00	
Full Name of Contributor AL H. COOPER					Registration Number, if PAC		
Street Address 202 BOLLINGEN		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK # 1274		
City BLACKLICK	State O H	Zip Code 43004	M 0 3	D 0 5	Y 0 6	Amount 25.00	
Full Name of Contributor MICHAEL J. POCOCK					Registration Number, if PAC		
Street Address P. O. BOX 141202		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK # 105		
City COLUMBUS	State O H	Zip Code 43214	M 0 3	D 1 0	Y 0 6	Amount 100.00	
Full Name of Contributor CONTRIBUTIONS FROM FORM 31-E					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M 0 3	D 1 6	Y 0 6	Amount 1,870.00	
Full Name of Contributor CHRISTINA L. CORL					Registration Number, if PAC		
Street Address 5971 OLENTANGY RIVER RD.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK #2318		
City WORTHINGTON	State O H	Zip Code 43085-9400	M 0 3	D 2 2	Y 0 6	Amount 150.00	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 2,495.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full THE COMMITTEE TO ELECT DORRIS FOR JUDGE												
Full Name of Contributor JOHN T. CONROY						Registration Number, if PAC						
Street Address 3363 TREMONT RD, SUITE 104C			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK #6454					
City COLUMBUS		State O H		Zip Code 43221		M 0 3		D 2 2		Y 0 6		Amount 50.00
Full Name of Contributor TOBY L. WAGNER						Registration Number, if PAC						
Street Address 253 KNIGHT DREAM STREET			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK #2251					
City DELAWARE		State O H		Zip Code 43015		M 0 3		D 1 7		Y 0 6		Amount 35.00
Full Name of Contributor CONTRIBUTIONS FROM FORM 31-E						Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)					
City		State		Zip Code		M 0 3		D 3 1		Y 0 6		Amount 1,431.25
Full Name of Contributor WALLACE E. MARSHALL						Registration Number, if PAC						
Street Address 237 E. MINNESOTA AVE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK #3997					
City McCLOUD		State C A		Zip Code 96057		M 0 3		D 3 1		Y 0 6		Amount 50.00
Full Name of Contributor T. A. STADERMAN						Registration Number, if PAC						
Street Address 30 EAST BROAD STREET			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CASH					
City COLUMBUS		State O H		Zip Code 43215		M 0 3		D 3 1		Y 0 6		Amount 20.00
Full Name of Contributor ROBERT E. ARMSTRONG						Registration Number, if PAC						
Street Address 1863 WILLOWAY CIRCLE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK #2488					
City COLUMBUS		State O H		Zip Code 43220		M 0 3		D 3 1		Y 0 6		Amount 50.00
Full Name of Contributor ALBERT SKORUPA						Registration Number, if PAC						
Street Address 539 OAKLAWN AVE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK #2806					
City CRANSTON		State F L		Zip Code 02920		M 0 5		D 0 5		Y 0 6		Amount 100.00
Full Name of Contributor MONROE P. BLACKWAE						Registration Number, if PAC						
Street Address 2413 M. L. KING JR. BLVD.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK #6127					
City DALTON		State G A		Zip Code 37021-6659		M 0 4		D 0 5		Y 0 6		Amount 50.00

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 1,786.25

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full THE COMMITTEE TO ELECT DORRIS FOR JUDGE									
Full Name of Contributor BETTIE K. ANDERSON						Registration Number, if PAC			
Street Address 8585 SUMMA AVE. APT. 423			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK #3145		
City BATON ROUGE		State L A		Zip Code 70809		M 0	D 4	Y 0	Amount 20.00
Full Name of Contributor ED McCARTNEY						Registration Number, if PAC			
Street Address 204 HOLCOMB STREET			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK # 734		
City SIMSBURY		State C T		Zip Code 06070		M 0	D 4	Y 0	Amount 10.00
Full Name of Contributor MICHAEL J. WIHL						Registration Number, if PAC			
Street Address 66 SOUTH GRANT AVE. APT 3			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK #1615		
City COLUMBUS		State O H		Zip Code 43215		M 0	D 4	Y 0	Amount 25.00
Full Name of Contributor JOSEPH DRAGOVICH						Registration Number, if PAC			
Street Address 95 RUSSO DRIVE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK #4254		
City CANFIELD		State O H		Zip Code 44406		M 0	D 4	Y 1	Amount 50.00
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount 0.00
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount 0.00
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount 0.00
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount 0.00

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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full THE COMMITTEE TO ELECT DORRIS FOR JUDGE									
To Whom Paid FRANKLIN COUNTY BOARD OF ELECTIONS						M 0	D 2	Y 1	Amount 80.00
Address 280 E. BROAD ST., ROOM 100		Purpose FILEING FEE							
City COLUMBUS	State O	H H	Zip Code 43215	Check Number 1001					
To Whom Paid POSTMASTER						M 0	D 3	Y 1	Amount 195.00
Address		Purpose POSTAGE STAMPS							
City COLUMBUS	State O	H H	Zip Code	Check Number 1002					
To Whom Paid HUNTINGTON NATIONAL BANK						M 0	D 3	Y 1	Amount 43.46
Address P. O. BOX 1558		Purpose CHECKS, DEPOSIT TICKETS OR CHECK SUPPLIES							
City COLUMBUS	State O	H H	Zip Code 43216-1558	Check Number N/A					
To Whom Paid PLANKS						M 0	D 3	Y 2	Amount 90.00
Address 743 PARSONS AVENUE		Purpose LABOR BREAKFAST 03/24/06							
City COLUMBUS	State O	H H	Zip Code 43215	Check Number 1003					
To Whom Paid VICTORY'S						M 0	D 3	Y 2	Amount 477.16
Address 543 S. HIGH STREET		Purpose 03/16/06 FUND RAISER							
City COLUMBUS	State O	H H	Zip Code 43215	Check Number 4					
To Whom Paid BUCKEYE PRINTING & MAILING SOLUTIONS						M 0	D 3	Y 3	Amount 233.00
Address 217 NORTH GRANT AVE.		Purpose PREPARE LOGO DESIGNS - 3 SETS							
City COLUMBUS	State O	H H	Zip Code 43215-2163	Check Number 1005					
To Whom Paid POSTMASTER						M 0	D 4	Y 0	Amount 195.00
Address		Purpose POSTAGE STAMPS							
City COLUMBUS	State O	H H	Zip Code 43214	Check Number 1006					
To Whom Paid VICTORY'S						M 0	D 4	Y 1	Amount 367.31
Address 543 S. HIGH STREET		Purpose 03/30/06 FUNDRAISER							
City COLUMBUS	State O	H H	Zip Code 43215	Check Number 1007					

Event Date	03/16/06
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full THE COMMITTEE TO ELECT DORRIS FOR JUDGE							
Full Name of Contributor MICHAEL J. POCOCK				Registration Number, if PAC			
Street Address 3509 SUNSET DRIVE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	50.00
City UPPER ARLINGTON		State O H	Zip Code 43220	Form(Cash,Check,etc) CASH			
Full Name of Contributor RENE' L. CERDA				Registration Number, if PAC			
Street Address 5656 PLEASANT HILL DRIVE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	35.00
City HILLIARD		State O H	Zip Code 43026	Form(Cash,Check,etc) CHECK-2790			
Full Name of Contributor JOHN E. DUVALL JR.				Registration Number, if PAC			
Street Address 11455 HUNTINGTON WAY		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	100.00
City PICKERINGTON		State O H	Zip Code 43147	Form(Cash,Check,etc) CHECK-6279			
Full Name of Contributor ROBERT A. KOENIG				Registration Number, if PAC			
Street Address 4315 JENNY DAWN PLACE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	50.00
City HILLIARD		State O H	Zip Code 43026	Form(Cash,Check,etc) CHECK-3766			
Full Name of Contributor GEORGE E. LEWIS				Registration Number, if PAC			
Street Address 323 BUCK RUN TRAIL		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	50.00
City WESTERVILLE		State O H	Zip Code 43082	Form(Cash,Check,etc) CHECK-6095			
Full Name of Contributor VERNON C. CHENEVEY				Registration Number, if PAC			
Street Address 2075 BROOKHURST AVENUE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	50.00
City COLUMBUS		State O H	Zip Code 43229	Form(Cash,Check,etc) CHECK-3463			
Full Name of Contributor JONATHAN D. DOZER				Registration Number, if PAC			
Street Address 8280 MORGAN ROAD		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	50.00
City WEST JEFFERSON		State O H	Zip Code 43162	Form(Cash,Check,etc) CHECK-2433			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 385.00

Event Date	03/16/06
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full THE COMMITTEE TO ELECT DORRIS FOR JUDGE					
Full Name of Contributor STEVEN R. MORGAN				Registration Number, if PAC	
Street Address 5375 CHERRY CREEK PKWY S.		Employer/Occupation/Labor Organization*		M D Y 0 3 1 6 0 6	Amount 35.00
City COLUMBUS		State O H	Zip Code 43228	Form(Cash, Check, etc) CHECK-2111	
Full Name of Contributor JOHN A. PASKAN				Registration Number, if PAC	
Street Address 6634 BELVOIR COURT		Employer/Occupation/Labor Organization*		M D Y 0 3 1 6 0 6	Amount 50.00
City CONCORD TOWNSHIP		State O H	Zip Code 44077	Form(Cash, Check, etc) CHECK-50.00	
Full Name of Contributor MICHAEL N. POWELL				Registration Number, if PAC	
Street Address 7367 BIRDIE LANE		Employer/Occupation/Labor Organization*		M D Y 0 3 1 6 0 6	Amount 50.00
City CANAL WINCHESTER		State O H	Zip Code 43110	Form(Cash, Check, etc) CHECK-1064	
Full Name of Contributor TOM FORBES				Registration Number, if PAC	
Street Address 7761 HARRISBURG-LONDON RD.		Employer/Occupation/Labor Organization*		M D Y 0 3 1 6 0 6	Amount 25.00
City ORIENT		State O H	Zip Code 43146	Form(Cash, Check, etc) CHECK-7586	
Full Name of Contributor BRYAN E. HOLBROOK				Registration Number, if PAC	
Street Address P. O. BOX 37		Employer/Occupation/Labor Organization*		M D Y 0 3 1 6 0 6	Amount 50.00
City MILLERSPORT		State O H	Zip Code 43046	Form(Cash, Check, etc) CHECK-2316	
Full Name of Contributor D. BRYAN KIRK				Registration Number, if PAC	
Street Address 5665 SPRING VALLEY RD.		Employer/Occupation/Labor Organization*		M D Y 0 3 1 6 0 6	Amount 35.00
City LONDON		State O H	Zip Code 43140	Form(Cash, Check, etc) CHECK-2481	
Full Name of Contributor STEVEN BLAKE				Registration Number, if PAC	
Street Address 6449 OLD BEN LANE		Employer/Occupation/Labor Organization*		M D Y 0 3 1 6 0 6	Amount 100.00
City CANAL WINCHESTER		State O H	Zip Code 43110	Form(Cash, Check, etc) CHECK-6345	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 345.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full THE COMMITTEE TO ELECT DORRIS FOR JUDGE					
Full Name of Contributor EILEEN ESTEPP				Registration Number, if PAC	
Street Address 6655 ESTATE VIEW DRIVE S.		Employer/Occupation/Labor Organization*		M D Y 0 3 1 6 0 6	Amount 40.00
City BLACKLICK	State O H	Zip Code 43004		Form(Cash,Check,etc) CHECK-3780	
Full Name of Contributor MICHAEL S. KIDIDIS				Registration Number, if PAC	
Street Address 166 LOOKOUT LANE		Employer/Occupation/Labor Organization*		M D Y 0 3 1 6 0 6	Amount 100.00
City PATASKALA	State O H	Zip Code 43062		Form(Cash,Check,etc) CHECK-7375	
Full Name of Contributor CORY D. DAVIES				Registration Number, if PAC	
Street Address 7490 RONI S W		Employer/Occupation/Labor Organization*		M D Y 0 3 1 6 0 6	Amount 40.00
City MASSILLON	State O H	Zip Code 44646		Form(Cash,Check,etc) CHECK-3949	
Full Name of Contributor DARRIN C. LEIST				Registration Number, if PAC	
Street Address 4453 CANDLEWICK CIRCLE		Employer/Occupation/Labor Organization*		M D Y 0 3 1 6 0 6	Amount 50.00
City COLUMBUS	State O H	Zip Code 43230		Form(Cash,Check,etc) CHECK-3677	
Full Name of Contributor FRANK MACKE				Registration Number, if PAC	
Street Address 370 E. COOK ROAD		Employer/Occupation/Labor Organization*		M D Y 0 3 1 6 0 6	Amount 50.00
City COLUMBUS	State O H	Zip Code 43214		Form(Cash,Check,etc) CHECK-1990	
Full Name of Contributor SHELLY MOORE				Registration Number, if PAC	
Street Address 967 MEADOWWOOD DRIVE		Employer/Occupation/Labor Organization*		M D Y 0 3 1 6 0 6	Amount 50.00
City PICKERINGTON	State O H	Zip Code 43147		Form(Cash,Check,etc) CASH	
Full Name of Contributor GREG METZGER				Registration Number, if PAC	
Street Address 5478 EAGLES NEST DRIVE		Employer/Occupation/Labor Organization*		M D Y 0 3 1 6 0 6	Amount 35.00
City WESTERVILLE	State O H	Zip Code 43081		Form(Cash,Check,etc) CASH	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 365.00

Event Date	03/16/06
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full THE COMMITTEE TO ELECT DORRIS FOR JUDGE				
Full Name of Contributor BEN CASUCCIO			Registration Number, if PAC	
Street Address 771 SPIVEY LANE	Employer/Occupation/Labor Organization*		M D Y 0 3 1 6 0 6	Amount 40.00
City GALLOWAY	State O H	Zip Code 43119	Form(Cash,Check,etc) CASH	
Full Name of Contributor MONTE ROBINSON			Registration Number, if PAC	
Street Address 5475 INDIAN HILL ROAD	Employer/Occupation/Labor Organization*		M D Y 0 3 1 6 0 6	Amount 100.00
City DUBLIN	State O H	Zip Code 43017	Form(Cash,Check,etc) CASH	
Full Name of Contributor RON RAINES			Registration Number, if PAC	
Street Address 4765 HOSEAH STREET	Employer/Occupation/Labor Organization*		M D Y 0 3 1 6 0 6	Amount 40.00
City COLUMBUS	State O H	Zip Code 43223	Form(Cash,Check,etc) CASH	
Full Name of Contributor JERRY GOETZ			Registration Number, if PAC	
Street Address 5577 BRIGHTON HILL LANE	Employer/Occupation/Labor Organization*		M D Y 0 3 1 6 0 6	Amount 50.00
City DUBLIN	State O H	Zip Code 43016	Form(Cash,Check,etc)	
Full Name of Contributor DENNIS GOOGHEART			Registration Number, if PAC	
Street Address 5109 CLINE ROAD	Employer/Occupation/Labor Organization*		M D Y 0 3 1 6 0 6	Amount 100.00
City KENT	State O H	Zip Code 44240	Form(Cash,Check,etc) CASH	
Full Name of Contributor BERNIE FRITZ			Registration Number, if PAC	
Street Address 2722 E. KEMPER ROAD	Employer/Occupation/Labor Organization*		M D Y 0 3 1 6 0 6	Amount 40.00
City CINTI.	State O H	Zip Code 45201	Form(Cash,Check,etc) CASH	
Full Name of Contributor JOE FERENEC			Registration Number, if PAC	
Street Address 5280 KEVIN STREET	Employer/Occupation/Labor Organization*		M D Y 0 3 1 6 0 6	Amount 40.00
City SHEFFIELD VILLAGE	State O H	Zip Code 44054	Form(Cash,Check,etc) CASH	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 410.00

Event Date	03/16/06
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full THE COMMITTEE TO ELECT DORRIS FOR JUDGE							
Full Name of Contributor GEORGE PHELPS				Registration Number, if PAC			
Street Address P. O. BOX 14044		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	40.00
City CINCINNATI		State O	Zip Code 45250	Form(Cash,Check,etc) CASH			
Full Name of Contributor BETTE MENDENHALL				Registration Number, if PAC			
Street Address 5700 GREGG ROAD		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	50.00
City WEST JEFFERSON		State O	Zip Code 43162	Form(Cash,Check,etc) CASH			
Full Name of Contributor JIM MENDENHALL				Registration Number, if PAC			
Street Address 5700 GREGG ROAD		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	50.00
City WEST JEFFERSON		State O	Zip Code 43162	Form(Cash,Check,etc) CASH			
Full Name of Contributor MATT WARREN				Registration Number, if PAC			
Street Address 7520 S. SECTION LINE ROAD		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	40.00
City DELAWARE		State O	Zip Code 43015	Form(Cash,Check,etc) CASH			
Full Name of Contributor RUDY ZUPANC				Registration Number, if PAC			
Street Address 7520 S. SECTION LINE ROAD		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	40.00
City DELAWARE		State O	Zip Code 43015	Form(Cash,Check,etc) CASH			
Full Name of Contributor WALT DAVIES				Registration Number, if PAC			
Street Address 6340 AUTUMM CREST CT.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	40.00
City WESTERVILLE		State O	Zip Code 43082	Form(Cash,Check,etc) CASH			
Full Name of Contributor WARREN DAVIES				Registration Number, if PAC			
Street Address 7870 LINKSVIEW		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	40.00
City WESTERVILLE		State O	Zip Code 43082	Form(Cash,Check,etc) CASH			

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 300.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full THE COMMITTEE TO ELECT DORRIS FOR JUDGE					
Full Name of Contributor CHARLIE HAW				Registration Number, if PAC	
Street Address 108 JAHN COURT		Employer/Occupation/Labor Organization*		M D Y 0 3 1 6 0 6	Amount 50.00
City GAHANNA		State O H	Zip Code 43230	Form(Cash,Check,etc) CASH	
Full Name of Contributor MICHAEL J. POCOCK				Registration Number, if PAC	
Street Address 3509 SUNSET DRIVE		Employer/Occupation/Labor Organization*		M D Y 0 3 1 6 0 6	Amount 5.00
City UPPERARLINGTON		State O H	Zip Code 43220	Form(Cash,Check,etc) CASH	
Full Name of Contributor BONNIE MILLER				Registration Number, if PAC	
Street Address 8477 SOMERSET ROAD		Employer/Occupation/Labor Organization*		M D Y 0 3 1 6 0 6	Amount 10.00
City SOMERSET		State O H	Zip Code 43076	Form(Cash,Check,etc) CASH	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

1,870.00

Total expenditures this event

477.16

Page Total \$ **65.00**

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full THE COMMITTEE TO ELECT DORRIS FOR JUDGE					
Full Name of Contributor MICHAEL J. POCOCK				Registration Number, if PAC	
Street Address 3509 SUNSET DRIVE		Employer/Occupation/Labor Organization*		M D Y 0 3 3 0 0 6	Amount 100.00
City UPPER ARLINGTON	State O H	Zip Code 43220		Form(Cash,Check,etc) CASH	
Full Name of Contributor MARIAN HARRIS				Registration Number, if PAC	
Street Address 5145 HOLBROOK DRIVE		Employer/Occupation/Labor Organization*		M D Y 0 3 3 0 0 6	Amount 50.00
City COLUMBUS	State O H	Zip Code 43232		Form(Cash,Check,etc) CASH	
Full Name of Contributor BILL SETTINA				Registration Number, if PAC	
Street Address 729 S. HIGH STREET		Employer/Occupation/Labor Organization*		M D Y 0 3 3 0 0 6	Amount 40.00
City COLUMBUS	State O H	Zip Code 43206		Form(Cash,Check,etc) CASH	
Full Name of Contributor GREG METZGER				Registration Number, if PAC	
Street Address 5978 EAGLES NEST DRIVE		Employer/Occupation/Labor Organization*		M D Y 0 3 3 0 0 6	Amount 70.00
City WESTERVILLE	State O H	Zip Code 43081		Form(Cash,Check,etc) CASH	
Full Name of Contributor DAVID BROWN				Registration Number, if PAC	
Street Address 400 S. FIFTH ST. #303		Employer/Occupation/Labor Organization*		M D Y 0 3 3 0 0 6	Amount 20.00
City COLUMBUS	State O H	Zip Code 43215		Form(Cash,Check,etc) CASH	
Full Name of Contributor ERIN DORRIS-ASTLEY				Registration Number, if PAC	
Street Address 1700 COURT ST.		Employer/Occupation/Labor Organization*		M D Y 0 3 3 0 0 6	Amount 1.25
City CIRCLEVILLE	State O H	Zip Code 43113		Form(Cash,Check,etc) CASH	
Full Name of Contributor VERN PRINGLE				Registration Number, if PAC	
Street Address 5576 WINSOR WOODS DRIVE		Employer/Occupation/Labor Organization*		M D Y 0 3 3 0 0 6	Amount 35.00
City GAHANNA	State O H	Zip Code 43230		Form(Cash,Check,etc) CASH	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 316.25

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full THE COMMITTEE TO ELECT DORRIS FOR JUDGE							
Full Name of Contributor KEVIN HORN				Registration Number, if PAC			
Street Address 944 LINWORTH VILLAGE DR.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	0	10.00
City COLUMBUS		State O	Zip Code 43225	Form(Cash,Check,etc) CASH			
Full Name of Contributor BILL EARLY				Registration Number, if PAC			
Street Address 198 S. DAWSON AVE.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	0	5.00
City COLUMBUS		State O	Zip Code 43209	Form(Cash,Check,etc) CASH			
Full Name of Contributor STEVE MARTIN				Registration Number, if PAC			
Street Address 1306 THURELL ROAD		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	0	20.00
City COLUMBUS		State O	Zip Code 43229	Form(Cash,Check,etc) CASH			
Full Name of Contributor JULIE E. BRIGNER				Registration Number, if PAC			
Street Address 6837 ALLOWAY STREET WEST		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	0	35.00
City WORTHINGTON		State O	Zip Code 43085	Form(Cash,Check,etc) CHECK #2433			
Full Name of Contributor THOMAS F. CHARLESWORTH **				Registration Number, if PAC			
Street Address 5744 CONCORD HILL DRIVE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	0	35.00
City COLUMBUS		State O	Zip Code 43213-2608	Form(Cash,Check,etc) CHECK #1088			
Full Name of Contributor MICHELE L. NOBLE				Registration Number, if PAC			
Street Address 45 GOULD ROAD		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	0	300.00
City COLUMBUS		State O	Zip Code 43209	Form(Cash,Check,etc) CHECK #104			
Full Name of Contributor CAROL A. WRIGHT **				Registration Number, if PAC			
Street Address 318 BERGER ALLEY		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	0	50.00
City COLUMBUS		State O	Zip Code 43206	Form(Cash,Check,etc) CHECK #2898			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

** DENOTES THIS PARTY IS A POSSIBLE APOINTEE FOR THE COMMON PLEAS COURT

Total contributions this event

Total expenditures this event

Page Total \$ 455.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full THE COMMITTEE TO ELECT DORRIS FOR JUDGE					
Full Name of Contributor PAUL GIORGIANNI				Registration Number, if PAC	
Street Address 230 CLOVER COURT		Employer/Occupation/Labor Organization*		M D Y 0 3 0 0 6	Amount 50.00
City DUBLIN	State O H	Zip Code 43017		Form(Cash,Check,etc) CHECK #1517	
Full Name of Contributor DAN E. BELVILLE				Registration Number, if PAC	
Street Address 1184 SMALLWOOD DRIVE		Employer/Occupation/Labor Organization*		M D Y 0 3 0 0 6	Amount 50.00
City COLUMBUS	State O H	Zip Code 43235		Form(Cash,Check,etc) CHECK #1751	
Full Name of Contributor MARTHA W. DORRIS				Registration Number, if PAC	
Street Address 320 W. PARK DRIVE		Employer/Occupation/Labor Organization*		M D Y 0 3 0 0 6	Amount 100.00
City GREENVILLE	State O H	Zip Code 45331		Form(Cash,Check,etc) CHECK #0983	
Full Name of Contributor ANGELA FRANGANATO BROWN **				Registration Number, if PAC	
Street Address 1569 MC SPADEN CT.		Employer/Occupation/Labor Organization*		M D Y 0 3 0 0 6	Amount 70.00
City COLUMBUS	State O H	Zip Code 43228		Form(Cash,Check,etc) CHECK #5853	
Full Name of Contributor DONA FERRIS				Registration Number, if PAC	
Street Address 724 1/2 S. HIGH STREET		Employer/Occupation/Labor Organization*		M D Y 0 3 0 0 6	Amount 35.00
City COLUMBUS	State O H	Zip Code 43206		Form(Cash,Check,etc) CHECK #3118	
Full Name of Contributor RICHARD E. GRAHAM				Registration Number, if PAC	
Street Address 315 BLANFORD DR.		Employer/Occupation/Labor Organization*		M D Y 0 3 0 0 6	Amount 35.00
City WORTHINGTON	State O H	Zip Code 43085-3519		Form(Cash,Check,etc) CHECK #4861	
Full Name of Contributor ROBIN M. LINK				Registration Number, if PAC	
Street Address 862 RIDENOUR ROAD		Employer/Occupation/Labor Organization*		M D Y 0 3 0 0 6	Amount 35.00
City GAHANNA	State O H	Zip Code 43230		Form(Cash,Check,etc) CHECK #4427	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

** DENOTES THIS PARTY IS A POSSIBLE APOINTEE FOR THE COMMON PLEAS COURT

Total contributions this event

Total expenditures this event

Page Total \$ 375.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full THE COMMITTEE TO ELECT DORRIS FOR JUDGE					
Full Name of Contributor LILLIAN B. WILLIAMS				Registration Number, if PAC	
Street Address 1404 LAKE SHORE DR.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 0
City COLUMBUS	State O	Zip Code 43204	Form(Cash, Check, etc) CHECK #3222		Amount 35.00
Full Name of Contributor ABE BAHGAT				Registration Number, if PAC	
Street Address 338 S. HIGH STREET	Employer/Occupation/Labor Organization*		M 0	D 3	Y 0
City COLUMBUS	State O	Zip Code 43215	Form(Cash, Check, etc) CHECK #5899		Amount 50.00
Full Name of Contributor HUNTER, CARNAHAN, SHOUB & BYARD				Registration Number, if PAC	
Street Address 3360 TREMONT ROAD 2ND FL.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 0
City COLUMBUS	State O	Zip Code 43221	Form(Cash, Check, etc) CHECK #2298		Amount 100.00
Full Name of Contributor BROWNING & COOKE **				Registration Number, if PAC	
Street Address 243 N. FIFTH STREET	Employer/Occupation/Labor Organization*		M 0	D 3	Y 0
City COLUMBUS	State O	Zip Code 43215-2603	Form(Cash, Check, etc) CHECK #9406		Amount 100.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash, Check, etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash, Check, etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash, Check, etc)		Amount

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

** DENOTES THIS PARTY IS A POSSIBLE APOINTEE FOR THE COMMON PLEAS COURT

Total contributions this event

Total expenditures this event

1,431.25

367.31

Page Total \$ 285.00

Event Date	<u>03/16/06</u>
Page	<u>16</u>

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full												
THE COMMITTEE TO ELECT DORRIS FOR JUDGE												
To Whom Paid						M	D	Y	Amount			
VICTORY'S						0	3	2	5	0	6	477.16
Address				Purpose								
543 SOUTH HIGH STREET				VENUE RENTAL								
City				State		Zip Code		Check Number				
COLUMBUS				O H		43215		1004				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		Zip Code		Check Number				

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$	<u>477.16</u>
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Event Date	<u>03/30/06</u>
Page	<u>17</u>

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full THE COMMITTEE TO ELECT DORRIS FOR JUDGE								
To Whom Paid VICTORY'S					M	D	Y	Amount 367.31
					0	4	1	
Address 543 SOUTH HIGH STREET					Purpose VENUE RENTAL			
City COLUMBUS					State O	Zip Code H 43215		Check Number
To Whom Paid					M	D	Y	Amount
Address					Purpose			
City					State	Zip Code		Check Number
To Whom Paid					M	D	Y	Amount
Address					Purpose			
City					State	Zip Code		Check Number
To Whom Paid					M	D	Y	Amount
Address					Purpose			
City					State	Zip Code		Check Number
To Whom Paid					M	D	Y	Amount
Address					Purpose			
City					State	Zip Code		Check Number
To Whom Paid					M	D	Y	Amount
Address					Purpose			
City					State	Zip Code		Check Number
To Whom Paid					M	D	Y	Amount
Address					Purpose			
City					State	Zip Code		Check Number

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$	<u>367.31</u>
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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full THE COMMITTEE TO ELECT DORRIS FOR JUDGE				
Full Name of Contributor T. MARK ESSARY		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 1500 MARVIN DRIVE		Description of Item or Service TICKET TO FUND RAISER		M D Y Fair Market Value 0 3 2 3 0 6 40.00
City REYNOLDSBURG		State O H	Zip Code 43068	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

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